Primary Registration District No. S. Primary Registration District No. S. Registration No. S.	FUED 8115 00 4077		ISION OF HEALT			27857
PLACE OF DEATH COLOR COL	FILED AUG 30 1957	STANDA	ARD CERTIFICA	TE OF DEATH	STATE	FILE NUMBER
B. CCUNTY COLE b. CITY (R (I Outside corporal limits, give TOWNSHIP only)) Inside Limits	Reg	istration District No	Primary	Registration District N		T /
COTY (II outside corporate limits, give TOWNSHIP only) TOWNCENTETTOWN, MO MATION TOWNCENTETTOWN, MO MATION TOWNCENTETTOWN, MO MATION TOWNCENTETTOWN, MO MATION TOWNCENTETTOWN, MO TOWNCE			2.			
B. CITY (II outside corporate limits, give TOWNSHIP only) O'ROWCENTERTOWN, MO O'ROWCENTERTO	o. COUNTY Cole			STATE Misso	ouri b. coun	Cole Constitution
TOWNCENTETOMN, MO C. FULL NAME OF (IN NOT In beapited, give location) Langth of stey in 16 HOSPITAL OR HOS	b. CITY (If outside corporate li	imits, give TOWNSHIP only)	Inside Limits	c. CITY		
STITUTION Home 9 Yrs		-,		тоwиCenter	rtown, Mo	LOS D No OX
3. NAME OF DECLARED (Type or print) DECLARED (Type or print) S. SEX MAIG Lawerance Reeves Reeves Rever harmonic Reeves Reeves Rever harmonic Reeves Reeves Rever harmonic Reeves Rever harmonic Reeves Rever harmonic Rever harmonic	HUSPITAL OR	hospital, give location) Leng	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d. STREET GE	en Del	
Comparing Control of Reace The property The prop	3. NAME OF	First M	iddle	Last	14. DATE A	
S. SEX	(Manager and A)	awerance	7	Reeves	OF DEATH A11	
Male White Widowed Divorced Fab 19 1893 64 67 Hemre Min. 60 Hemr					9. AGE (In years	IF UNDER I YEAR HE LINDER 24 HOS
100. USAL OCCUPATION (Clier kind of work done during most of working this, even if yethred by the operation of working this, even if yethred by the operation of working this, even if yethred by the operation of working this, even if yethred by the operation of working this, is were added of service) 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PARTI. DEATH WAS CAUSE 0 BY: OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] PARTI. DEATH WAS CAUSE 0 BY: OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] PARTI. DEATH WAS CAUSE 0 BY: OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] PARTI. DEATH WAS CAUSE 0 BY: OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] PARTI. DEATH WAS CAUSE 0 BY: OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] PARTI. DEATH WAS CAUSE 0 BY: OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] PARTI. DEATH WAS CAUSE 0 BY: OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] OR TO CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] OR CHARLES OF LEATH (Enter only one cause per line for (a), (b), and (c).] OR CHARLES OF LEATH (Enter only one cause per line for (a), (c).) OR CHARLES OF LEATH (Enter only one cause per line for (a), (c).) OR CHARLES OF LEATH (Enter only one cause per line for (a), (c).) OR CHARLES OF LEATH (Enter only one cause per line for (a), (c).) OR CHARLES OF LEATH (Enter only one cause per line for (a), (c).) OR CHARLES OF LEATH (Enter only one cause per line for (a), (c).) OR CHARLES OF LEATH (Enter only one cause per line for (a), (c).) OR CHARLES OF LEATH (Enter only one cause per line for (a), (c). OR CHARLES OF LEATH (ENTER) OR CHARLES OF LEATH (ENTER) OR CHARLES OF	Male White	NIDOWED □	DIVORCED THE	ห 19 1893	' 64 I	Months Days Hours Min.
NONE MISSOUPI If MOTHER'S NAME Unixnown If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? If was deceased ever in u. S. armed forces? Interval between conservation of the inte	10a. USUAL OCCUPATION (Give kind of a	work done 106. KIND OF BUSINE	SS OR INDUSTRY 11. B	BIRTHPLACE (City and stat	le or country)	
UNKNOWN 5. WAS DECEASED EVER IN U. S. ARMED FORCES! Van. 80. or unknown) (II yes, give war or dates of service) NOME 10. SOCIAL SECURITY NO. 11. INFORMANT NOME 11. INFORMANT Address NOME 12. INFORMANT NOME 13. ADJAC OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	<u> None- Invilid</u>	None		Missouri	-	U.S.A.
15. MSD DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17.	13. FATHER'S NAME		14. N	MOTHER'S MAIDEN NAME		
NONE						
S. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			L SECURITY NO. 17. I	NFORMANT	Addre	
PART I. DEATH WAS CAUSE DEV. IMMEDIATE CAUSE (a)	No	No	ne 🧘	Karles of HA	molsom	Rentestann 3
which gave rise to above cause (a), stating the under-tying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I I(a) PART II. OTHER SIGNIFICANT III PART I I(a) PART III. OTHER SIGNIFICANT III III PART I I(a) PART III. OTHER SIGNIFICANT III III III III III IIII III III III	SMMEDIATE CA	USE (a) Carce	vouca: of	Stomack	.	ONSET AND DEATH
Calloid Four Street Describe How injury occurred. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. Accident Suicide How. Describe How injury occurred. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. Time of Hour Month, Day, Year Injury (e. g., in or about home, p. m. 20d. Injury occurred AT Work of AT WORK Describe Date of Injury (e. g., in or about home, p. m. 21. I attended the deceased from Least office bldg., etc.) 22. I attended the deceased from Death occurred at Total Describe of Injury (e. g., in or about home, p. m. or the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIDNATURE (Degree or title) 23b. Date (Degree or title) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stafe) BUT 12.1 BURNAL COMMITTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	which gave rise to above cause (a), stating the under- lying cause last.	TO (c)			1517	<u> </u>
20d. ACCIDENT SUICIDE HOMICIDE 100. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20d. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE I NOT WHILE I AT WORK I AT		, , , ,		he terminal disease condi	TION GIVEN IN PART !(a)	PERFORMED? 2
20c. TIME OF Hour Month, Day, Year INJURY a. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE Farm, factory, street, office bldg., etc.) 21. I attended the deceased from Jule 6 57, to and least saw her alive on all 22 poath occurred at non the date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 23d. LOCATION (City, town. or county) Renoval (Specify) BUT 12.1 8/29/57 Centertown Cemetery Centertown Mo 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	20a. ACCIDENT SUICIDE			(Enter nature of injury in	Part I or Part II of ite	
WHILE AT WORK NOT WHILE Sarm, factory, street, office bldg., etc.) 21. I attended the deceased from Scale 6 5 , to Care 16 195 and last saw her alive on Care 22 Death occurred at 7.45 m on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED 3a. BURIAL. CEPHATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (Stafe) Burial 8/29/57 Centertown Cemetery Centertown Mo 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27. PART OF THE COUNTY 27. DATE 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27. DATE	INJURY a. m.	Day, Year				• .
Death occurred at	WHILE AT NOT WHILE	20e. PLACE OF INJURY (e. g., in farm, factory, street, office	or about home, 20)	f. CITY, TOWN, OR LOCAT	ION CC	UNTY STATE
Death occurred at	21. I attended the deceased i	rom June 6	57.10 au	476 1957 an	d last saw her alive	on aug 22
23a. BURIAL, COMATION. REMOVAL (Specify) Burial 8/29/57 Centertown Cemetery Contents Address 25. Date Reco. By Local Reg. 26. REGISTRAR'S SIGNATURE 27. REGISTRAR'S SIGNATURE 28. REGISTRAR'S SIGNATURE		7:45 7	m on the date stat	ed above; and to the	best of my knowled	ge, from the causes stated.
REMOVAL (Specify) Burial 8/29/57 Centertown Cemetery Centertown, Mo 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. Carl Bourlin - California - Tra Cury, 29 Mining Mo	ZZG. SIGNATURE	(Degree or title)	C 221	ADDRESS		22c. DATE SIGNED
Burial 8/29/57 Centertown Cemetery Centertown, Mo 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ACCUMANTAL OF CONTROL OF C	Gagas A.	Kesky M.	\mathcal{L} .	Cauprin	a mo	8/78/87
Earl Bourtin - California Des ary, 29 minine Hillumus	Burial 8/29/	•	town Ceme	tery C	entertown,	Мо
(Licensed Embalmer's Statement on Reverse Side)	24. FUNERAL DIRECTOR	ADDRESS	25. DATE R	ECO. BY LOCAL REG. 2	6. REGISTRAR'S SIGNAT	Hillumer
		(Licensed Embo	lmer's Statement o	on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e . Student Embalmer No. by me, or by ... working under my personal supervision..

Signature of Student Embalmer

P. O. Address Califor

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.